

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039215

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 542

STATE FILE NUMBER

FILED NOV 1 1962

## 1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in lb  
36 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Johns HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Joplin

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
103 N. Byers AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
EUGENIA GAYNELLE THOMAS4. DATE OF DEATH Month Day Year  
October 29, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-22-1899

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Business Representative

## 10b. KIND OF BUSINESS OR INDUSTRY

S Bell Telephone Co.

## 11. BIRTHPLACE (City and state or country)

Carl Junction, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Clarence Eugene Thomas

## 13b. MOTHER'S MAIDEN NAME

Alpha Chitwood

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Helen Kennedy, 117 N. Moffet, Joplin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Adenos carcinoma hepatic Colon

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Chronic myocarditis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 10-22-62 to 10-29-62 and last saw her alive on 10-28-62  
Death occurred at 2:10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Vigil E. Thomas

## (Degree or title)

M.D.

## 22b. ADDRESS

Joplin, Mo.

## 22c. DATE SIGNED

10-29-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-31-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Carl Junction, Cemetery

## 23d. LOCATION (City, town, or county)

Carl Junction, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Thornhill-Dillon Mortuary, Joplin, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

10-30-1962

## 26. REGISTRAR'S SIGNATURE

Dovie Merriam

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

MAR 1 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.